

State of Alabama Department of Agriculture & Industries
Pesticide Management Section
1445 Federal Drive
Montgomery, AL 36107
Telephone: (334) 240-7240 Fax: (334) 240-7168

**REQUEST FOR CHANGE OF INFORMATION
FOR PESTICIDE APPLICATOR LICENSE**

Complete your name and permit information plus other sections as needed to update your file.

Legal Name: _____
Last First Middle Suffix

Permit Type: ☐ Private ☐ Commercial ☐ Custom ☐ Professional

Date of Birth: _____ Last 4 digits of SSN: _____

Home Email Address: _____

Business Email Address: _____

Home Address: _____ Home Phone: _____

_____ Home Phone 2: _____

_____ Home Fax: _____

Mailing Address: _____ Cell Phone: _____

_____ Pager/Beeper: _____

_____ Business Phone: _____

_____ Business Headquarters Phone: _____

Business Address: _____

_____ Business Fax: _____

_____ Other Phone/Fax: _____

_____ Description: _____

(Include area code with all phone numbers)

I AM REQUESTING AN IMMEDIATE CHANGE TO THE INFORMATION LISTED ABOVE FOR PESTICIDE APPLICATOR
LICENSE FILE.

Signature: _____ Date: _____

*****MUST BE SIGNED AND DATED*****